

OPERATIONAL PROCEDURES: For Intensive Case Management

PURPOSE: The purpose of this operational procedure is to establish guidelines, procedures, and protocols that govern the provision of intensive case management services to individuals with mental retardation and developmental disabilities receiving services through the MRDDA service delivery system.

AUTHORITY: The authority for this policy is vested in sections III (U) and III (V) of The Reorganization Plan No. 3 of 1986, effective January 3, 1987. D.C. Official Code § 7-1301 et. seq.; *Evans v. the District of Columbia*, June 14, 1978; and *Evans v. Williams* 35 F. Supp. 2d 88, 97[D.D.C., February 10, 1999]. D.C. Law 2-137: 2001 Plan for Compliance and Conclusion of *Evans v. Williams*, Human Rights Act of 1964.

DEFINITIONS:

Case Management - The service delivery model through which the individual receiving services through the MRDDA's service delivery system is provided advocacy, planning, coordination, monitoring of services, and assessing of needs, to support the individual in the most integrated environment and assist him/her to achieve to his/her highest level based on his/her individual needs.

Intensive Case Management - A service delivery model through which individuals requiring a higher level of advocacy, monitoring, planning, coordination of needed services and supports, and interventions due to being at high risk of harm due to medical, psychiatric and/or criminal circumstances.

Plan of Action (POA) – A document that charts the interventions that are required for individual MRDDA service recipients receiving intensive case management services. This document identifies the goals and outcomes of intensive case management interventions,

strategies, timelines, responsible person for providing the interventions, and frequency of visits and target time frames.

ROLES AND RESPONSIBILITY:

This section defines the general roles and responsibilities for all members of Intensive Case Management Unit.

Intensive Case Management Coordinator

The intensive case management coordinator shall be responsible for:

- a. Participation in the development of the ISP and the Plan of Action (POA)
- b. Monitoring of the components in the POA
- c. Identification of conditions or system gaps in service delivery and incorporating interventions to respond to such conditions or service gaps into the POA.
- d. Reporting gaps or conditions that require intervention at a higher level within MRDDA
- e. Evaluation of the POA and the ISP to assess whether or not the interventions, supports, and services are assisting the individual in reaching his/her maximum potential.
- f. Documentation of all relevant information and contacts in the individual's official record and the MCIS to include a monthly comprehensive summary of services and outcomes.
- g. Visiting the individuals assigned frequently
- h. Facilitating and participating in case conferences and interdisciplinary team meetings
- i. Crisis intervention and alert(s) incident(s) resolution.
- j. Provision of daily briefings to the Supervisory Case Management Coordinator about the status of the individuals on his/her caseload.

Supervisor

The Supervisor shall be responsible for:

- a. Receiving the transfer summary of the individual being recommended for intensive case management services, reviews the transfer summary and submits this transfer summary to the Program Manager with the recommendation to accept or not accept the individual into the Intensive Case Management Division.
- b. Participating in an Intensive Case Management Review Team meeting regarding whether or not the individual is appropriate for receipt of intensive case management services.

- c. Providing guidance, support and on-the-job training to the intensive case manager in the development of the Plan of Action for the individuals on his/her caseload.
- d. Providing individualized and unit supervision the intensive case management coordinators assigned to that unit.
- e. Participating in the Immediate Response Committee meeting
- f. Conducting periodic case reviews and site visits.
- g. Tracking of monitoring visits conducted by the case manager

Nurses

The nurses shall be responsible for:

- a. Medical oversight for the individuals receiving services in the Intensive Case Management Division
- b. Advising the staff of that Division concerning medical concerns of the individuals being served.
- c. Visiting the individuals in the Intensive Division.
- d. Coordinating care should the individual(s) be hospitalized or placed in a rehabilitative or recuperative care setting.
- e. Participating in the interdisciplinary team meetings
- f. Documenting the visits and other critical information concerning the individuals.
- g. Coordination and oversight of discharge planning for individuals leaving the hospital or nursing home.

Program Manager

The Program Manager for Intensive Case Management shall be responsible for:

- a. The day to day activities of the Intensive Case Management Division
- b. Receiving, reviewing, approving/disapproving, and assigning of referred cases received from the Non-Intensive Program Manager and the Intake Supervisor
- c. Participating in review of cases.
- d. Conducting regular meetings with the Supervisors to discuss concerns that may require intervention from the Deputy Administrator for Programs or other internal and/or external stakeholders.
- e. Monitoring of the caseload ratio for Intensive Case Management Coordinator.
- f. Provision of weekly individual supervision to the Branch Chiefs.
- g. Participating in Alert Resolution Conference meetings
- h. Preparing reports for the Deputy Administrator for Programs as requested and required.
- i. Identifying systemic barriers that impact on the service delivery by case managers and address these issues.

PROCEDURES:

In order to ensure compliance with the Intensive Case Management policy MRDDA will adopt the following procedures:

1. At least semi-annually, the non-intensive case manager shall participate in a case conference to review each individual's record for progress and to determine whether the individual needs support a continuation of the level of case management services already in place or requires a change to a more advanced level of case management support (intensive). However, if an individual needs intensive case management services based on meeting at least one or more of the intensive case management criteria (see attached criteria) prior to the semi-annual or annual review, the non-intensive case manager can convene the interdisciplinary team at any time to document the change in the needs of the individual and to recommend intensive case management.
2. Individuals who are in the Intake process and who have been determined eligible to receive services through the MRDDA service delivery system may be identified as candidates for receipt of intensive case management services. In these cases the Supervisor of Intake will act as the Program Manager in facilitating the intensive case management process.
3. No later than ten days after the interdisciplinary team meeting in which intensive case management services were recommended, the Program Manager for non-intensive case management services shall make a determination concerning the eligibility of the individual for intensive case management services and shall forward the referral for intensive case management services to the Program Manager for Intensive case management Division.
4. Within three days of receipt of the referral for intensive case management services, the non-intensive Program Manager and the Program Manager for Intensive case management services will meet to develop a transfer plan which will specify updated criteria qualifications for intensive services, supporting documentation, timelines when the transfer will occur, and case manager assignment.
5. If the review of the individual's record for progress leads to a determination that a change in the level of case management services from non-intensive to intensive or from intensive to non-intensive, the case manager shall within five working days initiate the process for amending the ISP.
6. Within twenty-four hours of the determination by the Non-Intensive and Intensive Program Managers that the individual meets the criteria for intensive case management services, the case manager will be notified.
7. Within twenty-four hours of the notification to the case manager, the case manager will complete a transfer summary and document the information in MCIS.
8. Within twenty-four hours after the determination meeting in which the individual is found eligible to receive intensive case management services, the Intensive Program

Manager will provide to the Supervisor and the intensive Case Manager written notification that the individual's case has been assigned to that unit.

9. Within forty-eight hours the Intensive Supervisor and the Intensive Case Manager will contact the Non-Intensive Supervisor and the non-intensive Case Manager to arrange a meeting for the exchange of information concerning the supports and services required by the individual and complete a Plan of Action to coordinate the intensive services. The Plan of Action shall include the goals and outcomes of intensive case management intervention and outline the frequency of visits.
10. Within forty-eight hours of the development of the Plan of Action the intense Case Manager shall file the Plan of Care in the individual's official record.
11. Within twenty-four hours the intensive Case Manager will document the transfer of the individual in MCIS.
12. Within twenty-four hours of the transfer meeting, the intensive Case Manager shall contact the individual, his/her family (primary care provider) to arrange for a visit and set the time, date, and place for a meeting to amend the ISP. as well as sending a letter to the attorney, advocate, and other circle of support members notifying them of the change in case manager and the case manager's contact information.
13. Within seventy-two hours (depending on the acuity of the needs of the individual) of the assignment of the individual to the intensive case manager, the intensive case manager shall visit the individual. Following the visit, the intensive case manager shall complete and submit the Site Visit verification form.
14. Within twenty-four hours of the visit the intensive case manager shall document the visit in MCIS.
15. The intensive Case Manager shall visit the individual according to the Plan of Action or more often depending upon the needs of the individual.
16. At a minimum on a bi-monthly basis the intense Case Manager and the Supervisor shall meet to review the Plan of Care and the documentation that has been completed on the individual's case.
17. The intensive Case Manager shall document all relevant information and contacts based on the number of visits as decided in the POA. (If the POA requires weekly visits then the Intensive Case Manager must document weekly.)
18. The Intensive Case Manager shall provide a verbal report once per week at the Immediate Response Committee meeting with written reports twice per month for alert cases.
19. Every ninety days the intensive case manager and the Supervisor are to review each intensive case to determine the individual's need for continuing intensive case management services or can be recommended to return to the non-intensive case management Division.
20. The Intensive Case Manager shall prepare the transfer summary which shall include the reason for intensive case assignment, services provided to achieve the outcomes established in the Plan of Action, and other pertinent information regarding changes in the individual's circumstances.
21. The completed transfer summary shall be forwarded to the Program Manager for intensive services for review and action.

22. If the Program Manager for intensive services does not agree that the case should be returned to the non-intensive division, he/she shall meet with the Intensive Supervisor to discuss the conflicts and come to a resolution.
23. Within five business days of the receipt of the transfer summary upon agreement that the case should be transferred, the case shall be assigned to a non-intensive case management unit and the Intensive Case Manager shall initiate a transfer conference with the non-intensive Case Manager and document the information regarding the transfer conference and recommendations in MCIS.
24. Using established time frames the Intensive Case Management Division shall prepare any and all reports and documentation that are required by the Deputy Administrator for Programs and/or the Administrator of MRDDA.
25. Emergency cases that require Intensive Case Management services shall be handled by conducting an immediate case conference between the Case Management Coordinator who is referring the case, the respective Supervisor and the Supervisors of Intensive Case Management units. If a case is deemed eligible for Intensive Case Management services a transfer summary shall be requested and the case will be assigned to an Intensive Case Manager within 24 hours upon determination of eligibility.